

It is appropriate legislation, completely bipartisan, and I encourage that the House adopt this bill.

Ms. ESHOO. Mr. Speaker, I rise today in support of S. 1694, the Extension of Public Service Interoperability Communications, PSIC, Grant Program, and I'm proud to be one of the first to have cosponsored this important piece of legislation. I thank my colleague from California, Ms. HARMAN, for her hard work in helping to create the PSIC program and for her support of public safety funding.

The funds available under these PSIC grants must have a more flexible timeline so that our public safety agencies can take full advantage of this program and develop interoperability plans that work for their communities. These funds are essential to public safety interoperability plans nationwide.

I've long supported funding for public safety interoperability, both as a member of the Energy and Commerce Committee and in my role as Co-Chair of the E911 Caucus.

First Responders must have the best resources available to them during a crisis. Just as importantly, different emergency agencies must have the ability to communicate with one another to provide essential information. The inability to communicate could have life or death consequences. We knew this hard fact long before 9/11/2001, but we saw it demonstrated in the starkest terms on that day. We should never have to say "what if?" We must take the question mark out of interoperable communications and ensure that we have efficient systems in place as soon as possible.

It's been over eight years since we learned the important lessons, of September 11, but we're still taking the initial steps toward interoperability. These grants are just the tip of the iceberg. We need to develop more funding resources and encourage the rapid deployment of available spectrum for public safety interoperability. I'm committed to making certain that we have adequate spectrum rollout for this purpose and I support funding initiatives that will provide interoperability opportunities throughout the nation.

Thank you again for your personal commitment to keeping our first responders and all Americans safe.

Mr. WELCH. Mr. Speaker, I want to thank Representative HARMAN for introducing legislation to provide additional time for states to utilize federal grants made available through the Public Safety Interoperable Communications Grant Program, PSIC. I am proud to be a sponsor of this legislation and commend her for her ongoing leadership on this critical issue.

The PSIC grant program funds state projects that provide public safety personnel with interoperable communications equipment and training for system users. The Act appropriated \$1 billion for the program from the proceeds of the auction of analog spectrum reclaimed by the digital television transition.

In our current fiscal environment, public safety needs this assistance more than ever. Unfortunately, under current law, funding for these critical interoperability projects will expire in September 2010.

Given the enormous importance of interoperable public safety communications during times of crisis, we need to allow states the time and funds necessary to complete projects already underway or in planning stages. If

adopted, Representative HARMAN's legislation will provide this necessary time.

S. 1694 represents the best approach to this problem because (1) it minimizes the regulatory burden on public safety; (2) it creates incentives for public safety to act quickly and (3) it protects public money. More specifically:

The proposed legislation allows all States an automatic one-year extension. This will reduce the regulatory burden on states associated with individual extension requests. Some states may not need more than a year and they can avoid filing an extension request altogether.

The automatic one-year extension also incentivizes States that are on track for completion to complete work rapidly so they do not have to go through the extension request process.

But those States that need more than one year to complete projects will have the flexibility to request an additional year if the head of NTIA determines that their circumstances warrant an extension.

The criteria enumerated in the proposed legislation will ensure that the Assistant Secretary's decisions are based on a complete evaluation of the extension request. This discretion allows the Assistant Secretary to protect public money and ill-advised or mismanaged projects may not be eligible for continued funding.

S. 1694 has widespread support. A number of organizations, including the National Governor's Association and the Association of Public Communications Officers, APCO, have all expressed support for Representative HARMAN's bill.

Representative HARMAN's bill is identical to a bipartisan measure introduced in the Senate by Senators ROCKEFELLER and HUTCHISON. If we pass this bill today we have a decent chance of making this extension happen in time for public safety to plan and budget accordingly.

One of the painful lessons our nation learned in the aftermath of the terrorist attacks of September 11 from the response to Hurricane Katrina was how critical it is for first responders to be able to communicate seamlessly with one another when responding to an emergency. This is as true in a city like LA as a rural state like Vermont, where emergency personnel are sparse in many parts of the state and it is often necessary for multiple jurisdictions to work together when responding to a call. If we are going to ask our first responders to put their lives on the line and work together to protect us, we must provide them with the tools they need to do their jobs effectively.

I urge my colleagues on both sides of the aisle to join me in supporting this important legislation.

Mr. THOMPSON of Mississippi. Mr. Speaker, today I rise in support of legislation, S. 1694, offered by Ms. HARMAN. This bipartisan bill is critical to promoting interoperable emergency communications capabilities for the Nation's first responders. This important piece of legislation provides our Nation's first line of defense with the tools and equipment necessary to carry out their life-saving responsibilities.

As Chairman of the Committee on Homeland Security, it remains unsettling that most of the public safety communications failures uncovered during the terrorist attacks on 9/11

and Hurricane Katrina in 2005 still exist today. Those tragic events will forever be engrained in the minds of every American. We learned a shattering lesson from those major incidents: that when our Nation's first responders cannot communicate during a manmade or natural disaster, lives are lost.

Today, we have the opportunity to act with what Reverend Dr. Martin Luther King, Jr. coined as, "the fierce urgency of now." Interoperable communications—the ability of emergency responders to communicate in real-time, when needed, and as authorized—remains an unaccomplished goal. Therefore, we must commit to the American people that we will do our due diligence and address the daily challenges—both human and technological—that first responders face with interoperable emergency communications post-haste.

I would like to applaud Ms. HARMAN for her leadership in the effort to bring our nation's first responders one step closer to achieving interoperable communications by closing a loophole in the Public Safety Interoperable Communications, PSIC, grant program.

Specifically, S. 1694, which is a companion bill to H.R. 3633, appropriately extends next year's statutory deadline to spend PSIC grant funds to September 30, 2012. The PSIC program is an important grant program for the public safety community and has provided nearly \$1 billion of funding to state and local to purchase equipment, deploy new communications systems, and train personnel.

As a condition to receive grants under the PSIC program, states and local governments must develop Statewide Communications Interoperability Plans, SCIPs. The Department of Homeland Security faced delays in approving the SCIPs, creating the challenge for state and local grantees to spend the grant funds by the end of next year.

S. 1694 makes an important change and gives grantees the much needed time and flexibility to do their due diligence and avoid wasteful spending. This bipartisan bill allows for state and local governments to properly invest in public safety communications systems that will achieve the goal of implementing nationwide interoperability.

I support S. 1694 and urge my colleagues to join me in this supporting our Nation's first responders.

Mr. BOUCHER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. BOUCHER) that the House suspend the rules and pass the bill, S. 1694.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. CAO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

#### GENERAL LEAVE

Mr. BOUCHER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within

which to revise and extend their remarks on the matter before the House.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

#### NATIONAL METASTATIC BREAST CANCER AWARENESS DAY

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 787) expressing support for designation of October 13, 2009, as National Metastatic Breast Cancer Awareness Day.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

##### H. RES. 787

Whereas metastatic breast cancer refers to Stage IV breast cancer when cancer cells travel from the breast, either through the bloodstream or the lymphatic system, to other parts of the body, including the bones, liver, lungs, or brain, and continue to grow in their new location;

Whereas an estimated 192,370 women and 1,910 men in the United States will be diagnosed with invasive breast cancer, and 62,280 women will be diagnosed with in situ breast cancer;

Whereas nearly 30 percent of women diagnosed with early stage breast cancer will develop Stage IV advanced or metastatic breast cancer;

Whereas in developing countries, the majority of women with breast cancer are diagnosed with advanced stage or metastatic disease;

Whereas the statistic that 155,000 women and men are presently living with metastatic breast cancer in the United States underscores the immediate need for increased public awareness;

Whereas there currently is no cure for metastatic breast cancer, and metastatic breast cancer frequently involves trying one treatment after another with the goal of extending the best quality of life as possible;

Whereas scientists and researchers are conducting important research projects to achieve breakthroughs in metastatic breast cancer research;

Whereas metastatic breast cancer is rarely discussed during Breast Cancer Awareness Month, however those living with the disease should never feel isolated or ignored;

Whereas metastatic Breast Cancer Awareness Day emphasizes the urgent need for new, targeted breast cancer treatments that will provide a high quality of life and long life expectancy for patients by making Stage IV cancer a chronic, but not fatal disease;

Whereas the House of Representatives is an institution that can raise awareness in the general public and the medical community of breast cancer; and

Whereas October 13, 2009, would be an appropriate date to designate as National Metastatic Breast Cancer Awareness Day: Now, therefore, be it

*Resolved*, That the House of Representatives—

(1) supports the designation of National Metastatic Breast Cancer Awareness Day;

(2) encourages all people in the United States to become more informed and aware of metastatic breast cancer; and

(3) respectfully requests the Clerk of the House to transmit a copy of this resolution to the Metastatic Breast Cancer Network.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from

New Jersey (Mr. PALLONE) and the gentlewoman from North Carolina (Mrs. MYRICK) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

##### GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I rise today in strong support of House Resolution 787. This resolution expresses support for designating October 13, 2009, as National Metastatic Breast Cancer Awareness Day.

Metastatic breast cancer refers to stage IV breast cancer, the most advanced stage of this form of cancer. At this point, cancer cells have spread beyond the breast and underarm lymph nodes to other areas of the body. Sadly, there is no cure for breast cancer once it has reached this stage.

Breast cancer is the second most commonly diagnosed cancer in women. The National Institutes of Health estimates that nearly 195,000 new cases will be diagnosed in 2009, the majority of which occur among women. Nearly 30 percent of women diagnosed with early stage breast cancer will develop metastatic breast cancer; and despite this startling statistic, advanced breast cancer is rarely discussed during National Breast Cancer Awareness Month.

This resolution supports designation of National Metastatic Breast Cancer Awareness Day. It encourages all people in the U.S. to become more informed and aware of metastatic breast cancer and requests that the Clerk of the House transmit a copy of this resolution to the Metastatic Breast Cancer Network.

Earlier this month, my subcommittee held a hearing on four pieces of legislation that focus on prevention, early diagnosis, and treatment of breast cancer. During this hearing, we heard from four of my colleagues who have sponsored legislation to address this important health issue. Those are Congressman NADLER, Congresswoman DELAURO, who is also the sponsor of this resolution today, Congresswoman WASSERMAN SCHULTZ, and Congresswoman CASTOR. We also heard testimony from a number of advocacy groups and the National Cancer Institute.

Mr. Speaker, this hearing and the resolution before us today underscore the importance of early detection of breast cancer and ensuring that, once diagnosed, women receive the best quality treatment available. As House Resolution 787 highlights, it's especially important that women with metastatic breast cancer feel supported rather than feeling isolated or ignored.

As National Breast Cancer Awareness Month draws to a close, I would like to take this opportunity to comment on the important issues raised with respect to the experience of breast cancer patients in today's medical environment. These patients and many others lack access to preventive services that are recommended by experts. Many patients lack coverage of the medical care that they need. That's precisely why we are hard at work trying to pass health reform legislation that will improve access to quality and affordable health care for every American.

If enacted, America's Affordable Health Choices Act of 2009, currently H.R. 3200, will make dramatic improvements in our efforts to battle breast cancer. Specifically, it will provide affordable access to insurance. H.R. 3200 would prohibit insurers from excluding patients or charging higher premiums because of preexisting conditions. It would offer protection against high out-of-pocket costs by limiting deductibles and copayments and precluding insurance companies from establishing limits on annual or lifetime benefits. H.R. 3200 would also prohibit insurers from rescinding or dropping insurance policies on the basis of health status.

This bill would also provide coverage of preventive services in Medicare, Medicaid, and within the newly established Health Insurance Exchange, free of cost sharing. This means that services like mammograms would be available free of copays. Early detection and treatment can help reduce the number of patients who ever get to stage IV while we continue our efforts to find a cure for those who do.

I am pleased to join my colleagues today in raising awareness about breast cancer, and particularly stage IV breast cancer.

Of course I want to thank, in particular, the gentlewoman from Connecticut, Congresswoman DELAURO, and my colleague from New Jersey, Congressman LOBIONDO, for their leadership.

Let me just say about Congresswoman DELAURO, she has been basically a champion on every aspect of breast cancer since I've been here. I think, really, without her efforts, we would not have gone as far as we have in terms of providing meaningful research and treatment. So it's certainly no surprise that she is the prime sponsor of this resolution today.

I reserve the balance of my time.

Mrs. MYRICK. Mr. Speaker, I am very proud to be here today to support Representative DELAURO's Metastatic Breast Cancer Awareness Day resolution.

As has already been mentioned many times this month, October is National Breast Cancer Awareness Month, and we see it all over by the pink ribbons everywhere, media campaigns. Throughout the last 30 days, there has been good exposure. The month is nearly over, but the need for breast cancer